

e2Virginia
ACA Enrollment & Premium
Payment Modules

ACA Enrollment Module

Create new client or search for existing client.

Main

Reports

Help

THIS IS AN STAGING SITE. DO NOT INCLUDE ANY PERSONAL HEALTH INFORMATION OF CLIENTS IN THIS SITE. USE ONLY DUMMY DATA.

Users

Client Search

Create New Client

Providers

LKM Management

Data Sharing

Data Import

Contracts

Resources

ACA Insurance Plans

Welcome, Kate Gilmore, of VDH !

Client Intake

* First Name

Middle Initial

* Last Name

Alias

Suffix

Maiden Name

* Date of Birth

Ryan White ID

E2ID

Social Security Number

* Sex at Birth

-- Please Select --

Select all that apply:

* Client Type

☐ Ryan White Client

☐ Prevention Client

☐ Data to Care Client

☐ Bridges 757 Client

☐ ADAP Client

Check for Existing Clients

Create New Client

From the "Main" Screen, navigate to the "Create New Client" screen.

Enter all required information in the screen including First Name, Last Name, Date of Birth, Client Type, Sex At Birth, Current Gender.

Please select "ADAP Client" for all clients for which ACA Enrollment and premium payment information is being collected.

Multiple "client types" may be selected.

For password resets, policy questions and account issues (such as access to identifiers like full names) please email va@e-compas.com
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Navigate to “ADAP” tab from menu bar.

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Intake Information

Demographics

HIV Status

H&I Status

Clinical Information

Services

Outcomes

CHARLI

Data to Care

Patient Navigation

Prevention

CAPUS Referrals

ADAP

Name

test, test

Gender

Male

DOB

10/01/2000

RWID

TSTS1001001U

E2ID

HMS72143

Progress Notes

0

Data Sharing

Client Intake Information

Client successfully created!

* First Name

test

* Sex at Birth

Male

Middle Initial

* Current Gender

Male

* Last Name

test

Alias

Suffix

Maiden Name

* Date of Birth

10/01/2000

Ryan White ID

TSTS1001001U

E2ID

HMS72143

Social Security Number

Select all that apply:

* Client Type

☐ Ryan White Client

☐ Prevention Client

☐ Data to Care Client

☐ Bridges 757 Client

☒ ADAP Client

Save Changes

After creating the new client or being directed to an existing client, navigate from the “Client Intake” Screen, navigate to the “ADAP” tab.

Navigate to “ACA Enrollment” tab within ADAP module.

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Intake Information

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ADAP

Name

test, test

Gender

Male

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RWID

TSTS1001001U

E2ID

HMS72143

Progress Notes

0

Data Sharing

ADAP 6-Month

ACA Enrollment

Premium Payments

Please use your computer's antivirus software to scan documents prior to uploading or opening a downloaded file.

+ New Entry

10 records per page

Search:

Recertification Number	Recertification Date	Change of Address	Change of Income	Housing Status Provided	Address verification provided	Income verification provided	Insurance verification provided	CI Si
No data available in table								

Showing 0 to 0 of 0 entries


← Previous

Next →

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To enter insurance plan information on a client, navigate to the “ACA Enrollment” tab.

*Please note that when you navigate to the “ADAP” tab, it will automatically take you to the “ADAP 6-month recertification” screen. Please be sure to click on the ACA Enrollment tab to the right to proceed.

Select “New Entry” to begin entering ACA Enrollment data for client.

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Intake Information Demographics HIV Status H&I Status Clinical Information Services Outcomes CHARLI Data to Care

Patient Navigation Prevention CAPUS Referrals ADAP

Name test, test
Gender Male
DOB 10/01/2000
RWID TSTS1001001U
E2ID HMS72143

Progress Notes 0

Data Sharing

ADAP 6-Month ACA Enrollment Premium Payments

ADAP Program Assignment

* Most Recent Program Assignment -- Please Select -- * Eligibility End Date _/ _/ _

+ New Entry

10 records per page Search:

Date Entered	Name of Insurance	Metal Level	Insurance Plan	Family plan?	Insurance Plan Member ID	Tax Credit?	Premium Amount	Date of Coverage	MOOP	A
No data available in table										

Showing 0 to 0 of 0 entries

← Previous Next →

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If client was imported from historical ADAP data, “Most Recent Program Assignment” and “Eligibility End Date” will be pre-populated.

For NEW CLIENTS, no information will be visible and agencies will not be able to enter information in these fields. These fields are for VDH use only.

Proceed to “New Entry”.

To begin entering insurance plan information for client, select “New Entry”

Enter all required data, marked with a red asterisk.

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Main Reports He

Intake Information Demographics HIV Status H&I Status Clinical Information Services Outcomes CHARLI Data to Care

Patient Navigation Prevention CAPUS Referrals **ADAP**

Name test, test
Gender Male
DOB 10/01/2000
RWID TSTS1001001U
E2ID HMS72143

Progress Notes 0
Data Sharing

New Entry | ACA Enrollment

* Most Recent Program Assignment -- Please Select -- * Eligibility End Date _/ _/ _

* Date Entered 10/04/2017

* Name of Insurance Type to search

* Insurance Plan Metal Level Type to search

* Insurance Plan Enrolled in Type to search

Insurance Plan Member ID

* Premium Amount \$

* Does the client have a tax credit amount on their premium? ☒ Yes ☐ No

* Premium Tax Credit Amount \$

* Effective Date of Insurance Coverage _/ _/ _

Maximum Out of Pocket Expense (MOOP) \$

* Family plan? ☐ Yes ☒ No

Cancel Save

+ New Entry

10 records per page

"Date Entered" will auto-populate with today's date.

Select the Name of the Insurance Carrier, Insurance Plan Metal Level, and Name of Insurance Plan from the selection menus.

Enter the Insurance Plan Member ID (if available). Must be no more than 12 digits.

Indicate whether there is a tax credit on the premium and the amount.

Select the effective date of coverage.

Enter the Maximum Out of Pocket (MOOP) expense, if available.

Select Yes or No to indicate whether it is a family plan. If "yes", additional fields will appear (See next screen).

If "No" press SAVE.

If the plan is a Family Plan, enter additional required information.

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Intake InformationDemographicsHIV StatusH&I StatusClinical InformationServicesOutcomesCHARLIData to Care

Patient NavigationPreventionCAPUS ReferralsADAP

Name: test, test

Gender: Male

DOB: 10/01/2000

RWID: TSTS1001001U

E2ID: HMS72143

Progress Notes0

Data Sharing

* Date Entered10/04/2017

* Name of InsuranceType to search

* Insurance Plan Metal LevelType to search

* Insurance Plan Enrolled inType to search

* Insurance Plan Member ID

* Premium Amount\$

* Does the client have a tax credit amount on their premium?☒ Yes ☐ No

* Premium Tax Credit Amount\$

* Effective Date of Insurance Coverage

Maximum Out of Pocket Expense (MOOP)\$

* Family plan?☒ Yes ☐ No

* Subscriber First Name

* Subscriber Last Name

Please enter the following information for each family member covered on this plan, not including the client:

New Entry | ACA Family Members

* First Name

* Last Name

* Relationship to Subscriber-- Please Select --

* DOB

Cancel

Save

+ New Entry

10 records per page

Search:

First Name

Last Name

Relationship to Subscriber

No data available in table

Showing 0 to 0 of 0 entries

Previous

Next

Cancel

Save

If “Yes” is selected to “Family Plan?” then additional fields will appear.

Enter the Insurance Plan Subscriber’s First and Last Name. This may be the same as the client’s name if the client is the Subscriber or may be different if the client is not the Subscriber.

For each family member included on the Insurance Plan, create a “New Entry” under “ACA Family Members” section.

***Important*:** Press “Save” after each family member entry. A list of family members saved will appear below.

When you are finished entering ALL family members included on this Insurance Plan as well as all insurance plan information at the top of the screen, press “Save” at the bottom of the screen to save the entire ACA Enrollment Entry.

After record is successfully saved, user can view and print enrollment record.

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Name test, test

Gender Male

DOB 10/01/2000

RWID TSTS1001001U

E2ID HMS72143

Progress Notes **0**

Data Sharing

ADAP 6-Month ACA Enrollment Premium Payments

ADAP Program Assignment

* Most Recent Program Assignment * Eligibility End Date

Record added successfully!

+ New Entry

10 records per page Search:

Date Entered	Name of Insurance	Metal Level	Insurance Plan	Family plan?	Insurance Plan Member ID	Tax Credit?	Premium Amount	Date of Coverage	MOOP	Action
10/04/2017	CareFirst	Gold	HealthyBlue HMO Gold \$1,000	No	(not specified)	No	100.00	10/04/2017	0.00	

Showing 1 to 1 of 1 entries

[← Previous](#) 1 [Next →](#)

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After record is saved, a historical table will appear below for viewing and printing purposes.

To view record, click on the magnifying glass icon under "Action".

*Please note you cannot edit or delete ACA Enrollment records once saved. Please contact VDH if you have entered inaccurate information or need assistance with editing or deleting a record.

“View” of Record displayed below:

Home

Main

THIS IS AN STAGING SITE. DO NOT INCLUDE ANY PERSONAL HEALTH INFORMATION OF CLIENTS IN THIS SITE. USE ONLY DUMMY DATA.

Take Information

Demographics

Patient Navigation

Previous

test, test

Male

10/01/2000

TSTS1001001U

HMS72143

Progress Notes

Data Sharing

Record Details

Client Name	test, test	E2ID	HMS72143
RWID	TSTS1001001U	DOB	10/01/2000
Date Entered	10/04/2017	Effective Date of Insurance Coverage	10/04/2017
Name of Insurance	CareFirst	Maximum Out of Pocket Expense (MOOP)	0.00
Insurance Plan Metal Level	Gold	Family plan?	No
Insurance Plan Enrolled in	HealthyBlue HMO Gold \$1,000	Subscriber First Name	(not specified)
Specify Other Insurance Plan	(not specified)	Subscriber Last Name	(not specified)
Insurance Plan Member ID	(not specified)		
Premium Amount	100.00		
Does the client have a tax credit amount on their premium?	No		
Premium Tax Credit Amount	(not specified)		

Print View

Ok

Showing 1 to 1 of 1 entries

← Previous

1

Next →

to Care

Date of Coverage

MOOP

10/04/2017

0.00

To print the record, press “Print View” from this screen.

Screen will automatically re-direct to printer set-up and is ready for printing.

To print the record, press “Print” directly from this screen.

Be sure to check your printer’s settings, paper source, and ensure that extra pages are not printed unnecessarily.

Print

Total: 2 sheets of paper

Print

Cancel

Destination

HP OfficeJet Pro 8740 P...

Change...

Pages

All

e.g. 1-5, 8, 11-13

Copies

1

Layout

Portrait

Color

Color

Options

Two-sided

+ More settings

Print using system dialog... (Ctrl+Shift+P)

Client Name

test, test

RWID

TST51001001U

EZID

HMS72143

DOB

10/01/2000

Date Entered

10/04/2017

Name of Insurance

CareFirst

Insurance Plan Metal Level

Gold

Insurance Plan Enrolled in

HealthyBlue HMO Gold \$1,000

Specify Other Insurance Plan

(not specified)

Insurance Plan Member ID

(not specified)

Premium Amount

100.00

Does the client have a tax credit amount on their premium?

No

Premium Tax Credit Amount

(not specified)

Effective Date of Insurance Coverage

10/04/2017

Maximum Out of Pocket Expense (MOOP)

0.00

Family plan?

No

Subscriber First Name

(not specified)

Subscriber Last Name

(not specified)

ACA Premium Payment Module

**Reminder: e2Virginia should only be used to document binder premium payments already made to insurance companies for eligible clients.*

Navigate to the “Premium Payments” tab.

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Name

test, test

Gender

Male

DOB

10/01/2000

RWID

TSTS1001001U

E2ID

HMS72143

Progress Notes

0

ADAP 6-Month

ACA Enrollment

Premium Payments

If your agency has paid a premium on behalf of the client, please enter the premium payment information below. The agency is responsible for ensuring that the client is eligible for services prior to making any premium payments.

+ New Entry

10 records per page

Search:

Date Paid	Amount Paid	Payment Authorization Number	Amount Paid Different?	Notes	Action
No data available in table					

Showing 0 to 0 of 0 entries


← Previous

Next →

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Click on the “Premium Payments” tab.

Select “New Entry”.

Enter required information.

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ADAP

Name

test, test

Gender

Male

DOB

10/01/2000

RWID

TSTS1001001U

E2ID

HMS72143

Progress Notes

0

ADAP 6-Month

ACA Enrollment

Premium Payments

If your agency has paid a premium on behalf of the client, please enter the premium payment information below. The agency is responsible for ensuring that the client is eligible for services prior to making any premium payments.

New Entry | Premium Payments

* Date Paid

__/__/__

* Amount Paid

\$

* Payment Authorization Number

* Is the amount paid different than the premium amount?

Yes

No

* Please explain any differences in the amount paid, including balances and credits applied

Cancel

Save

+ New Entry

10

records per page

Search:

Date Paid

Amount Paid

Payment Authorization Number

Amount Paid Different?

Notes

Action

No data available in table

Showing 0 to 0 of 0 entries

← Previous

Next →

Enter the date the premium was paid.

Enter the amount paid.

Enter the payment authorization number.

Indicate whether the amount paid is different than the monthly premium amount? (credit, balance, etc.)

If yes, use the required text box to explain the difference.

Press "Save".

View and Print Options.

[Main](#) [Re](#)

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[Intake Information](#) [Demographics](#) [HIV Status](#) [H&I Status](#) [Clinical Information](#) [Services](#) [Outcomes](#) [CHARLI](#) [Data to Care](#)

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Name: test, test

Gender: Male

DOB: 10/01/2000

RWID: TST51001001U

E2ID: HMS72143

Progress Notes 0

Data Sharing

ADAP 6-Month [ACA Enrollment](#) [Premium Payments](#)

If your agency has paid a premium on behalf of the client, please enter the premium payment information below. The agency is responsible for ensuring that the client is eligible for services prior to making any premium payments.

[+ New Entry](#)

10 records per page Search:

Date Paid	Amount Paid	Payment Authorization Number	Amount Paid Different?	Notes	Action
10/05/2017	150.00	123456789	Yes	\$50 balance on account; regular premium ...	

Showing 1 to 1 of 1 entries

[← Previous](#) [1](#) [Next →](#)

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A record of the saved entry will populate in the table below.

Click on the magnifying glass to view and/or print the record.

*Please note you cannot edit or delete premium payment entries once saved. Please contact VDH if you have entered inaccurate information or need assistance with editing or deleting a record.

View record screen.

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Intake Information Der
Patient Navigation Prev

Name test, test
Gender Male
DOB 10/01/2000
RWID TSTS1001001U
E2ID HMS72143

Progress Notes
Data Sharing

to Care
Information below. T
um payments.
ccount; regular
Previous 1

Record Details

Client Name	test, test	E2ID	HMS72143
RWID	TSTS1001001U	DOB	10/01/2000
Date Paid	10/05/2017		
Amount Paid	150.00		
Payment Authorization Number	123456789		
Is the amount paid different than the premium amount?	Yes		
Please explain any differences in the amount paid, including balances and credits applied	\$50 balance on account; regular premium is \$100.		

Print View Ok

Print Record.

Print

Total: 1 sheet of paper

Print

Cancel

Destination

HP OfficeJet Pro 8740 P...

Change...

Pages

All

e.g. 1-5, 8, 11-13

Copies

1

Layout

Portrait

Color

Color

Options

Two-sided

+ More settings

Print using system dialog... (Ctrl+Shift+P)

Client Name

test, test

RWID

TSTS1001001U

E2ID

HMS72143

DOB

10/01/2000

Date Paid

10/05/2017

Amount Paid

150.00

Payment Authorization Number

123456789

Is the amount paid different than the premium amount?

Yes

Please explain any differences in the amount paid, including balances and credits applied

\$50 balance on account; regular premium is \$100.

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